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Nathan Kevin Turner
PLAINTIFF/PETITIONER/MOVANT'S NAME

C-44886
PRISON NUMBER

California Medical Facility
PLACE OF CONFINEMENT

P.O. Box 2000 Vacaville, CA 95696
ADDRESS

FILED
2008 FEB 25 PM 3:54
CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIA
BY RM DEPUTY

2254 ___ 1983 ✓
FILING FEE PAID
Yes ___ No ✓
IFP MOTION FILED
Yes ✓ No ___
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Court ✓ ProSe ___

United States District Court
Southern District Of California

Nathan Kevin Turner, Plaintiff/Petitioner/Movant v. Bonnie Dumanis et al., Defendant/Respondent	'08 CV 0360 W RBB Civil No. ___________ (To be filled in by U.S. District Court Clerk) **MOTION AND DECLARATION UNDER PENALTY OF PERJURY IN SUPPORT OF MOTION TO PROCEED IN FORMA PAUPERIS**

I, Nathan Kevin Turner, declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? ☑ Yes ☐ No (If "No" go to question 2)
   If "Yes," state the place of your incarceration California Medical Facility
   Are you employed at the institution? ☐ Yes ☑ No
   Do you receive any payment from the institution? ☐ Yes ☑ No
   [Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

OR

2. Are you currently employed? ☐ Yes ☑ No
   a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.________________

   b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.________________

3. In the past twelve months have you received any money from any of the following sources?:
   a. Business, profession or other self-employment ☐ Yes ☑ No
   b. Rent payments, royalties interest or dividends ☐ Yes ☑ No
   c. Pensions, annuities or life insurance ☐ Yes ☑ No
   d. Disability or workers compensation ☐ Yes ☑ No
   e. Social Security, disability or other welfare ☐ Yes ☑ No
   e. Gifts or inheritances ☐ Yes ☑ No
   f. Spousal or child support ☐ Yes ☑ No
   g. Any other sources ☐ Yes ☑ No

   If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month. N/A

4. Do you have any checking account(s)? ☐ Yes ☑ No
   a. Name(s) and address(es) of bank(s):________________
   b. Present balance in account(s):________________

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? ☐ Yes ☑ No
   a. Name(s) and address(es) of bank(s):________________
   b. Present balance in account(s):________________

6. Do you own an automobile or other motor vehicle? ☐ Yes ☑ No
   a. Make:________ Year:________ Model:________
   b. Is it financed? ☐ Yes ☐ No
   c. If so, what is the amount owed?________________

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?
☐ Yes ☑ No
If "Yes" describe the property and state its value.

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. N/A

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):
N/A

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): N/A

12. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.
N/A

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

January 30, 2008 — DATE

Nathan Kevin Turner — SIGNATURE OF APPLICANT

If you are a **prisoner** you must have an officer from your institution provide this official certificate as to the amount of money in your prison account. There are no exceptions to this requirement.

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant Nathan K. Turner,
(NAME OF INMATE)

C-44886,
(INMATE'S CDC NUMBER)

has the sum of $ 0.00 on account to his/her credit at

California Medical Facility.
(NAME OF INSTITUTION)

I further certify that the applicant has the following securities Ø

to his/her credit according to the records of the aforementioned institution. I further certify that **during the past six months** the applicant's ***average monthly balance*** was $ Ø,

and the ***average monthly deposits*** to the applicant's account was $ Ø.

ALL PRISONERS ***MUST*** ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

02/08/08
DATE

[signature]
SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Ulanda R. Hill
OFFICER'S FULL NAME (PRINTED)

Accounting Tech
OFFICER'S TITLE/RANK

REPORT ID: TS3030 .701 REPORT DATE: 02/07/08

PAGE NO: 1

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CALIFORNIA DEPARTMENT OF CORRECTIONS
CALIFORNIA MEDICAL FACILITY
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: AUG. 07, 2007 THRU FEB. 07, 2008

ACCOUNT NUMBER : C44886 BED/CELL NUMBER: MIJ300000000350L
ACCOUNT NAME : TURNER, NATHAN KEVIN ACCOUNT TYPE: I
PRIVILEGE GROUP: A

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

THE WITHIN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE.
ATTEST:
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY Wanda K. Hill
TRUST OFFICE

CURRENT AVAILABLE BALANCE
0.00